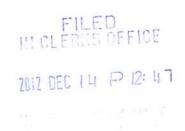
Case Name:

United States v. Darrell Allen

Docket No.

10-CR-10426-MLW



Dear Clerk:

I believe that my case may have been affected by the Department of Public Health Drug

Lab scandal. I respectfully request that you appoint counsel to review my case and determine

whether I am eligible for any relief. Though I had retained counsel previously, I am incarcerated

and am indigent. My financial affidavit is enclosed.

Respectfully,

26059-038

Darrell Allen FCI-Cumberland

PO Box 1000

Cumberland, MD 21501

DATE: 12-9-12

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| CJA 23 Rev. 11/11) | | IN SUPPORT O | | FINANCIAL A OR ATTORNEY, EXPERT, OR | FFIDAVIT OTHER SERVICES WITHOUT PAYM | ENT OF FEE |
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| IN THE UNITED STATES | | | | COURT OF APPEALS | OTHER (Specify Fellow) ED | |
| v | | | | AT | 2012 DEC 14 P 12 | ; 47 |
| PERSON REPRESENTED (Show your full name) CHARGE/OFFENSE (describe if applicable & check box-*) | | | | ☐ Felony ☐ Misdemeanor | Defendant - Adult Defendant - Juvenile Appellant Probation Violator Supervised Release Violator Habeas Petitioner Habeas Petitioner Material Witness Other (Specify) | DOCKET NUMBERS Magistrate Judge District Court Court of Appeals |
| | | | ANSWERS | TO QUESTIONS REGARDIN | IG ABILITY TO PAY | |
| INCOME & ASSETS | EMPLO MENT | Y- ear If married, is you | ow much do you in per month? \$ | yed? ☐ Yes ☑ No | f-Employed F NO, give month and year of last employ How much did you earn per mon If you are a minor under a what is the approximate monthly in | nth? \$ 12.0 |
| | Have you recei form of rent pa OTHER INCOME IF YES | | | st 12 months any income from a dividends, retirement or annuity RECEIVED \$ | of your parent(s) or guardian business, profession or other form of self payments, or other sources? SOURCE | employment, or in the |
| | CASH | Do you have any | any cash on hand or money in savings or checking accounts? Yes No IF YES, total amount? S | | | |
| | PROP- ERTY | and clothing)? Yes PROP- | | VALUE S | r other valuable property (excluding ordinary household furnishings DESCRIPTION | |
| DBLIGAT | **** | DEPENDENTS Sin Ma | | | List persons you actually support and | your relationship to them |
| & DEBTS | S DF MG | DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.) | | DESCRIPTION | TOTAL DEB | MONTHLY PAYMENT S S S S S |
| certify und | ler penalty of | f perjury that the fore | going is true and | I correct. | * | , , , , , , , , , , , , , , , , , , , |
| anthr | | | | | 12-9-1 | |
| | U | | E OF DEFEND ON REPRESENTE | | | Date |

